2008 Transformation Recommendations		
Program	Recommendations	2009 Priority
Dental	Engage medical practitioners in addressing the oral health status of poverty-level Kansans.	√
	Promote the application of fluoride by medical practitioners. April 2009 update: developing reports of services rendered by non dentists	√
	Explore potential options to expand the dental work force: recruit dentists, promote changes to increase the dental work force with hygienists, mid-level practitioners and/or graduating dentist, continue support of dental hub model.	
Durable Medical Equipment	Require DME suppliers to show actual costs of all manually priced DME items, which will ensure reimbursement at not greater than 135% of cost. April 2009 update: Waiting to see if CMS acts on final ruling for the DME competitive bidding project to avoid providers receiving two consecutive reductions. Will reassess Summer 2009.	√
	Explore the possibility of joining with other state Medicaid programs on a collaborative manufacturer rebate program for some DME items. April 2009 update: initiating research of the CMS initiative regarding contracting with certain vendors for DME services in the Medicare arena.	√
Home Health	The preliminary goals for the diabetic management forum are to: a. Develop a tool to assess the beneficiary's knowledge of their disease and provide education and training to increase knowledge and independence. b. Assess current best practices in the care of beneficiaries with diabetes in the home health setting, and provide a comprehensive assessment of the beneficiary's strengths and needs. c. Address quality indicators to be completed by physicians who refer diabetic beneficiaries to home health for diabetic management services. April 2009 update: Started work with KDHE projecting a late fall implementation date.	
	Implement prior authorization for all home health services. April 2009 update: Policy written in March 2009: currently in review process	√
	Limit acute care home health services to 120 visits. April 2009 update: Policy written in March 2009: currently in review process	√
	Place a limit on acute care home health aide visits. April 2009 update: Policy written in March 2009: currently in review process	√
	Reimburse acute home health benefits at a higher rate than the long-term care home health benefit. April 2009 update: Policy written in March 2009: currently in review process	√
	KHPA will work with stakeholders and our sister agencies to establish needed criteria for the long-term care home health benefit and to review the proposed transition to an acute care and long-term care (health maintenance) home health Medicaid benefit. April 2009 update; Policy written in March 2009: currently in review process	√
	Develop comprehensive tools to address the best practices in the care of other chronic disease processes. These tools will address education and training that will facilitate increased beneficiary participation in self monitoring and self care.	

	Participate in the Medical Home Model, which emphasizes coordination of care throughout the health care continuum. KHPA is in the process of convening a group of stakeholders to define medical home in state statute. April 2009 update: a group of stakeholders was formed. The group held its first meeting late September 2008. The group met again in March 2009 and decided to wait until more information was available on the direction the HITECH group would take.	√
	Coordinate with Community Mental Health Centers for beneficiaries with a mental health diagnosis.	
	Consider an increase in Medicaid home health reimbursement.	
Hospice	The Kansas Medicaid Hospice Provider Manual is being reviewed and redeveloped to include many clarifications that are currently vague and/or to specify currently uncertain provisions of covered services and reimbursement. April 2009 update: in progress	√
	Implement the Hospice Task Force's idea to develop categories of medications and assign responsibility for cost within those categories.	√
	Place some restrictions on admission to Hospice. April 2009 update: A final decision has not been made yet as to which restrictions will plan to be placed on Hospice services. Looking at the federal regulations released in June 2008 to see what changes were made in that report and will use that as a guideline for making our recommendations.	√
	Length of Stay (LOS) should be examined by diagnosis, days in hospice and/or certain medications still in use after designated time frames. April 2009 update: reports being developed	√
	Implement the Hospice Task Force plan which includes training for hospice and pharmacy providers as well as education aimed at referral sources to hospice. April 2009 update: provider's manual changes in progress	√
Hospital	KHPA is researching the possibility of doing a special project to review appropriate emergency room usage among our beneficiaries. April 2009 update: report about use of ER services to be developed	√
	The new DRG system recognizes severity of illness and resource use and is based on the complexity of both. These changes will provide the ability to identify groups of patients with varying levels of severity using secondary diagnoses. April 2009 update: New MS-DRGs implemented on January 23, 2009	√
	With the new MS-DRG implementation, KHPA will mirror Medicare's payment updates that includes adjustments to reduce payments for so-called "hospital acquired conditions," where the hospital itself is the cause of an illness or expenditure. April 2009 update: targeted for 2010. Medicare is postponing implementation and our goal is to align on medicare.	√
Lab/Radiology	Consider adopting Medicare coverage criteria in order to stay current with federal determinations of technology and appropriate use.	√
	Explore the development of a universal pricing methodology linked to the Medicare program as a systematic approach to maintaining an up-to-date program. April 2009 update: research in progress to determine the fiscal impact of implementation	√
Pharmacy	Update drug pricing formulas and reimbursement limits for Medicaid fee-for-service (FFS) drugs. April 2009 update: implemented SMACS pricing for the first set of drugs in beginning of April; working on implementation of Medicare pricing for physician-administered drugs	√
	Implement an automated prior authorization (PA) system April 2009 update: partially implemented for first group of drugs March 2009	√

	Remove the statutory limitation on management of mental health prescriptions. April 2009 update: providers unable to compromise to improve safety for children	√
	Establish a Mental Health Prescription Drug Advisory Committee. April 2009 update: committee formed, scheduled to convene beginning of June	√
Transportation	Develop an RFP for a transportation broker. April 2009 update: RFP developed and posted. In the middle of procurement/negotiation	√
	Reconsider reimbursement rates due to significant increase in fuel costs over the past several years. April 2009 update: included in RFP process	
HealthWave	Make performance and quality data available. April 2009 update: Began publication in February 2009	√
HealthConnect	Increase focus on chronic medical conditions of the SSI and MediKan populations to determine alternative means to delivering cost-effective care.	√
	Implement a quality improvement plan to create a more comparable performance and outcomes information across health plans. April 2009 update: quality team is looking at establishing quality measures to use across health plans	√
	Develop linkages between HealthConnect PCCMs and SRS Mental Health and Substance Abuse providers	√
Aged & Disabled	Develop and utilize a medical home model of care for the aged and disabled population. April 2009 update: Meeting with providers and vendors to develop list of options	
	Develop an FY 2011 budget proposal to include payment reforms for a medical home model for KS to include care for the aged and disabled.	√
	Provide care management information to service providers across Kansas that serve aged and Medicaid eligible persons with disabilities by using the CMS Transformation Grant model.	
SOBRA	Add a category to the current SOBRA Database maintained by EDS, the Kansas Medicaid fiscal agent, to include the medical issue for each reimbursement form submitted for a life threatening medical emergency. April 2009 update: Complete in October 2008: collecting data for research and analysis	√
	Focus on monitoring and understanding continued increases in SOBRA costs, including examination of what types of medical issues are occurring within this population.	
	Monitor surrounding states' and federal immigration law changes to anticipate their impact on the Kansas Medicaid SOBRA program.	
Eligibility	Promote community-based outreach by placing state eligibility workers on-site at high-volume community health clinics. (expand prior authorization to clinics) = presumptive eligibility April 2009 update: this was one of the budget priorities for 2009 legislative session, but it isn't progressing due to budget constraints. Work is underway to expand to the Hunter clinic in Wichita and another clinic in Wyandotte, but the online application was cancelled, so we have no automated presumptive eligibility tool to deploy which makes expanding difficult.	√
	Expand access to care for needy parents by increasing the eligibility income limit to 100% Federal Poverty Level (FPL), ($1,467 per month for a family of three). Current coverage levels are no greater than 30% FPL ($440 per month for a family of three), and fall each year as inflation eats away at the fixed dollar threshold for eligibility. April 2009 update: this is on hold due to the current budget shortfall. Congress is potentially going to propose a bill soon that would expand Medicaid coverage to all under 100% (probably would exclude aged and disabled, but don't know the details)	

	Change household composition rules for pregnant women so that they are consistent with those used for other medical populations, which would have the effect of increasing the number of eligible women.	
	Expand coverage to childless adults from the current age of 19 years of age to the age of 21.	
	Expand Medically Needy coverage to parents and other caretakers of children to provide catastrophic coverage.	
	Medicaid's support for low-income Medicare enrollees through (a) providing access to full prescription drug coverage and (b) paying the Part B premium by eliminating asset tests and increasing the income limit for Medicare Savings Programs (MSPs) up to 185% FPL.	
	Increase the Protected Income Limit for medically needy (primarily elderly and disabled people who do not yet qualify for Medicare) so that it is tied to the FPL. The last increase for this program was in 1994 and it is currently at $475 per month for both single people and couples (55% and 41% FPL respectively).	
Quality	Share baseline quality health care data publicly. April 2009 update: Began publication in February 2009: ongoing	√
	Obtain funding for a new data collection. April 2009 update: on hold because of funding contraints	√
	Promote the use of HIT in the KS Medicaid and SEHP programs by implementing a CHR for all program participants statewide. April 2009 update: implementation of a state wide CHR was cancelled as part of the budget reductions	